

Title of Document	Pressure Area Care
Name of Department	Clinical Team

What type of document is this?	Work Instruction (WI)	This is a simple guide to follow in order to complete a particular task	
Which Helping Hands policy/SOP does this WI relate to?	NA	Index number of policy/SOP	NA

Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	

Custodian of document	Clinical Team	Committee/Group responsible for this document	Governance Committee
Approval date and committee chairperson signature	23.12.22	When is its next scheduled review?	23.12.25

Who does it apply to?	All Helping Hands staff at the facility / All staff working with customers					
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	No	Does it apply to third party contractors?	No

Purpose of the Work Instruction	To support staff with clear instruction and understanding with regards to pressure area care
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Content of Pressure Area Care Work Instruction

1.0 Purpose

A pressure injury is the breakdown of skin integrity due to pressure which may result in an open wound or an area of discoloured skin due to damage to the tissue below the surface of the skin. It is usually caused by sitting or lying in one position for too long without moving. The wounds may be painful and used to be referred to as bedsores; however, this is a misleading term as pressure injuries may occur without a person being in bed. A pressure injury can develop in a few hours. It usually starts with the skin changing colour – it may appear red and dark in colour which will be non-blanching. If pressure is not released at this stage, the skin is likely to break causing an open wound.

There are three main causes:

- Continual pressure - Mainly over bony prominences. This area becomes starved of a blood supply which provides oxygen and nutrients to all the skin cells. A lack of oxygen and nutrients cause the cells in the tissue to die.
- Shearing of the skin - Shear is when the skin moves one way, and the underlying tissues move the other way. Shearing is mainly caused by the person being dragged up the bed instead of being moved safely, although this may also occur if they slide down their bed or chair. It is important to move and reposition people safely and avoiding a dragging action.
- Friction - This happens when there is constant movement against the skin, often if someone is particularly agitated and rubbing may be their coping mechanism.

Pressure injuries are most likely to develop on parts of the body which take your weight and where the bone is close to the surface. The area's most at risk are heels, ankles, knees, hips, bottom, base of the spine, elbows and shoulders, however other areas such as the back of the head (may be concealed by hair) and ears (not a bony prominence as this is cartilage but still a vulnerable area). By recognising the early stages of a pressure injury, we can be proactive in the treatment.

2.0 Process

Prevention of pressure injury is to be followed as pressure injuries may be considered neglect of implementing prevention measures. Identifying those at risk is essential to prevent pressure injury developing. Ensuring any changes to the risk are acknowledged and the Braden score updated, and action is taken and recorded.

- 2.1 Complete a Braden Score which will indicate the risk factor, and if a risk presents, complete a clinical support plan and risk assessment. Early referral to the District Nurse team is essential to ensure appropriate equipment is in place and any barrier creams prescribed and supplied.
- 2.2 One of the signs of a pressure injury is the change of colour on the skin. The skin will appear discoloured and a darker hue than usual. If the skin has discoloured the



pressure area may start looking shiny and swollen. *Non-blanching erythema* - if a finger is pressed on the red area and the skin remains red it can be an early sign that a pressure injury is developing.

- 2.3 Encourage and support your customer to regularly change position, ideally every 2-4hrs, using the 30-degree tilt if your customer is in bed for long periods.
- 2.4 Encourage and support with high levels of personal hygiene for your customer. Use this intervention as an opportunity to check your customer's pressure areas.
- 2.5 All customers with pressure injuries or those who are at high risk must have pressure relieving equipment and slide sheets available within the home and carers must be competent in their use.
- 2.6 Use barrier creams and emollients as directed by the support plan only. Do not apply creams to broken skin unless there is written direction from a registered healthcare professional.
- 2.7 Always follow the infection control policy and procedures including hand hygiene and use of disposable gloves and aprons.
- 2.8 Ensure that any early signs of pressure injuries are documented in the customer's visit record log, Body Map and immediately reported to the care manager and the community nursing team.
- 2.9 The Branch Care Manager and Live In Care Manager must report as required pressure injuries to CQC/CIW and safeguarding. Multiple Stage 2 may be considered potentially as neglect and should be reported to CQC/CIW on relevant notification form and a safeguarding raised. Stage 3, 4, unstageable and suspected deep tissue injury should also be reported to CQC/CIW on relevant notification form and a safeguarding raised.
- 2.10 All pressure injuries should be reviewed for the root cause analysis, your Regional Clinical Lead can support you to investigate, identify any lessons learned so they can be implemented as necessary.
- 2.11 The Senior Clinical Lead is the Safeguarding Lead for the business and can support you with referrals.
- 2.12 The clinical team can be contacted via email Clinicalcare@helpinghands.co.uk

3.0 Training

All carers must complete training and competency sign off for pressure area care, this must be completed by a member of staff who has been signed off as ACID competent within the past year.

Equality Impact Assessments are not required for Work Instructions

What was the previous version number of this document?	Version1
Changes since previous version	Update of terminology
Author of the document	Clinical Team



Who was involved in developing / reviewing/ amending this work instruction?	Clinical Team	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands

Associated Documents	HHH-F101 Pressure Area Care Training and Competency Form Pressure Area Factsheet
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Controlled Document

